Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						(Column 2)			NTITY	OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			45				RA	TE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			215 minus 20=		. 25		X\$	9=	225	OR	X\$18=	450
INDEPENDENT CLAIMS			6 minus 3 =		· 3		X4	0=	120	OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT					<u></u>		+13	35=		OR	+270=	
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	TO	TAL	1	OR	TOTAL	1490
CLAIMS AS AMENDED - PART II							CM		ENTITY	OR	OTHER SMALL I	
-		(Column 1) CLAIMS		(Colur		(Column 3)	SM	ALL		OH I I	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	4	5	=	X\$	9=		OR	X\$18=	
	Independent	* 3	Minus	*** (	P CLAIM	=	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=	
								OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	ADDiT	. rtt			AUUII. FEEI	
		CLAIMS		HIGH	IEST	(Column 5)			ADDI-		7	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 24	Minus	4	15	=	X\$	9=		OR	X\$\8=	
	Independent	NTATION OF M	Minus	***	(p	=	X4	0=		OR	X80=	
	FINST FRESE	NTATION OF M	OLTIFEE DET	LINDLIN	CLAIVI		+10	35=		OR	+270=	
							T ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	•	Minus				Χ¢	Q		OR	X\$18=	
ME	independer.		Miño					4,1		OR	X80=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1   1	35=		i	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OTAL		OR	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
	The "Highest Nur	mber Previously Pa	aid For" (Total c	r Independ	denti is the	highest number	. • • • • •	" e jtji	propriate bo	x in co	olumn 1	